

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

MAURICE BARNAR,

Plaintiff,

-v.-

NEW YORK CITY DEPARTMENT OF  
CORRECTION; KISA SMALLS, WARDEN,  
NORTH INFIRMARY COMMAND, NEW  
YORK CITY DEPARTMENT OF  
CORRECTION; CITY OF NEW YORK; NEW  
YORK STATE DIVISION OF PAROLE,

Defendants.

20 Civ. 3978 (KPF)

ORDER OF SERVICE

On May 27, 2020, the Honorable Colleen McMahon entered an Order directing Plaintiff Maurice Barnar to either pay the \$400.00 filing fee owed in this action or submit an application to proceed *in forma pauperis* ("IFP") on or before June 26, 2020. (Dkt. #5). Plaintiff has yet to pay the filing fee or submit the IFP application. The Court hereby *sua sponte* grants Plaintiff an additional 14 days in which to comply with the May 27, 2020 Order. Failure to do so on or before July 20, 2020 will result in dismissal of this case. The Court has attached the May 27, 2020 Order and IFP application to this Order.

SO ORDERED.

Dated: July 6, 2020  
New York, New York



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KATHERINE POLK FAILLA  
United States District Judge

*Sent by First Class Mail to:*

Maurice Barnar  
NYSID: 08439171L  
B&C No. 8951900337  
North Infirmary Command  
15-00 Hazen Street  
East Elmhurst, NY 11370

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

MAURICE BARNAR,

Plaintiff,

-against-

NEW YORK CITY DEPARTMENT OF  
CORRECTIONS, ET AL.,

Defendants.

20-CV-3978 (CM)

ORDER DIRECTING PAYMENT OF FEE  
OR IFP APPLICATION AND PRISONER  
AUTHORIZATION

COLLEEN MCMAHON, Chief United States District Judge:

Plaintiff, currently incarcerated at the North Infirmity Command, brings this action *pro se*. To proceed with a civil action in this Court, a prisoner must either pay \$400.00 in fees – a \$350.00 filing fee plus a \$50.00 administrative fee – or, to request authorization to proceed *in forma pauperis* (IFP), that is, without prepayment of fees, submit a signed IFP application and a prisoner authorization. *See* 28 U.S.C. §§ 1914, 1915. If the Court grants a prisoner’s IFP application, the Prison Litigation Reform Act requires the Court to collect the \$350.00 filing fee in installments deducted from the prisoner’s account. *See* 28 U.S.C. § 1915(b)(1). A prisoner seeking to proceed in this Court without prepayment of fees must therefore authorize the Court to withdraw these payments from his account by filing a “prisoner authorization,” which directs the facility where the prisoner is incarcerated to deduct the \$350.00 filing fee<sup>1</sup> from the prisoner’s account in installments and to send to the Court certified copies of the prisoner’s account statements for the past six months. *See* 28 U.S.C. § 1915(a)(2), (b).

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<sup>1</sup> The \$50.00 administrative fee for filing a civil action does not apply to persons granted IFP status under 28 U.S.C. § 1915.

Plaintiff submitted the complaint without the filing fees or a completed IFP application and prisoner authorization. Within thirty days of the date of this order, Plaintiff must either pay the \$400.00 in fees or submit the attached IFP application and prisoner authorization forms. If Plaintiff submits the IFP application and prisoner authorization, they should be labeled with docket number 20-CV-3978 (CM).<sup>2</sup>

The Clerk of Court is directed to mail a copy of this order to Plaintiff and note service on the docket. No summons shall issue at this time. If Plaintiff complies with this order, the case shall be processed in accordance with the procedures of the Clerk's Office. If Plaintiff fails to comply with this order within the time allowed, the action will be dismissed.

The Court certifies under 28 U.S.C. § 1915(a)(3) that any appeal from this order would not be taken in good faith, and therefore *in forma pauperis* status is denied for the purpose of an appeal. *Cf. Coppedge v. United States*, 369 U.S. 438, 444–45 (1962) (holding that appellant demonstrates good faith when seeking review of a nonfrivolous issue).

SO ORDERED.

Dated: May 27, 2020  
New York, New York



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COLLEEN McMAHON  
Chief United States District Judge

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<sup>2</sup> Plaintiff is cautioned that if a prisoner files an action that is dismissed as frivolous or for failing to state a claim, the dismissal is a “strike” under 28 U.S.C. § 1915(g). A prisoner who receives three “strikes” cannot file actions *in forma pauperis* as a prisoner, unless he is under imminent danger of serious physical injury, and must pay the filing fee at the time of filing any new action.

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UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

\_\_\_\_\_  
(Full name(s) of the plaintiff or petitioner applying (each person must submit a separate application))

-against-

\_\_\_\_\_  
CV ( ) ( )

(Enter case number and initials of assigned judges, if available; if filing this with your complaint, you will not yet have a case number or assigned judges.)

\_\_\_\_\_  
(Full name(s) of the defendant(s)/respondent(s).)

**APPLICATION TO PROCEED WITHOUT PREPAYING FEES OR COSTS**

I am a plaintiff/petitioner in this case and declare that I am unable to pay the costs of these proceedings and I believe that I am entitled to the relief requested in this action. In support of this application to proceed *in forma pauperis* ("IFP") (without prepaying fees or costs), I declare that the responses below are true:

1. Are you incarcerated? ☐ Yes ☐ No (If "No," go to Question 2.)

I am being held at: \_\_\_\_\_

Do you receive any payment from this institution? ☐ Yes ☐ No

Monthly amount: \_\_\_\_\_

If I am a prisoner, *see* 28 U.S.C. § 1915(h), I have attached to this document a "Prisoner Authorization" directing the facility where I am incarcerated to deduct the filing fee from my account in installments and to send to the Court certified copies of my account statements for the past six months. *See* 28 U.S.C. § 1915(a)(2), (b). I understand that this means that I will be required to pay the full filing fee.

2. Are you presently employed? ☐ Yes ☐ No

If "yes," my employer's name and address are: \_\_\_\_\_

Gross monthly pay or wages: \_\_\_\_\_

If "no," what was your last date of employment? \_\_\_\_\_

Gross monthly wages at the time: \_\_\_\_\_

3. In addition to your income stated above (which you should not repeat here), have you or anyone else living at the same residence as you received more than \$200 in the past 12 months from any of the following sources? Check all that apply.

|  |                          |     |                          |    |
|--|--------------------------|-----|--------------------------|----|
| (a) Business, profession, or other self-employment | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| (b) Rent payments, interest, or dividends          | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| (c) Pension, annuity, or life insurance payments  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (d) Disability or worker's compensation payments  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (e) Gifts or inheritances   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (f) Any other public benefits (unemployment, social security, food stamps, veteran's, etc.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (g) Any other sources   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you answered "Yes" to any question above, describe below or on separate pages each source of money and state the amount that you received and what you expect to receive in the future.

If you answered "No" to all of the questions above, explain how you are paying your expenses:

4. How much money do you have in cash or in a checking, savings, or inmate account?
  
5. Do you own any automobile, real estate, stock, bond, security, trust, jewelry, art work, or other financial instrument or thing of value, including any item of value held in someone else's name? If so, describe the property and its approximate value:
  
6. Do you have any housing, transportation, utilities, or loan payments, or other regular monthly expenses? If so, describe and provide the amount of the monthly expense:
  
7. List all people who are dependent on you for support, your relationship with each person, and how much you contribute to their support (only provide initials for minors under 18):
  
8. Do you have any debts or financial obligations not described above? If so, describe the amounts owed and to whom they are payable:

*Declaration:* I declare under penalty of perjury that the above information is true. I understand that a false statement may result in a dismissal of my claims.

|                                 |               |  |                   |
|---------------------------------|---------------|--|-------------------|
| _____<br>Dated                  |               | _____<br>Signature                                 |                   |
| _____<br>Name (Last, First, MI) |               | _____<br>Prison Identification # (if incarcerated) |                   |
| _____<br>Address                | _____<br>City | _____<br>State                                     | _____<br>Zip Code |
| _____<br>Telephone Number       |               | _____<br>E-mail Address (if available)             |                   |

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UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

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(full name of the plaintiff/petitioner)

-against-

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CV ( ) ( )

(Provide docket number, if available; if filing this with your complaint, you will not yet have a docket number.)

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(full name(s) of the defendant(s)/respondent(s))

**PRISONER AUTHORIZATION**

By signing below, I acknowledge that:

- (1) because I filed this action as a prisoner,<sup>1</sup> I am required by statute (28 U.S.C. § 1915) to pay the full filing fees for this case, even if I am granted the right to proceed *in forma pauperis* (IFP), that is, without prepayment of fees;
- (2) if I am granted IFP status, the full \$350 filing fee will be deducted in installments from my prison account, even if my case is dismissed or I voluntarily withdraw it.

I authorize the agency holding me in custody to:

- (1) send a certified copy of my prison trust fund account statement for the past six months (from my current institution or any institution in which I was incarcerated during the past six months);
- (2) calculate the amounts specified by 28 U.S.C. § 1915(b), deduct those amounts from my prison trust fund, and disburse those amounts to the Court.

This authorization applies to any agency into whose custody I may be transferred and to any other district court to which my case may be transferred.

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Date

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Signature

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Name (Last, First, MI)

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Prison Identification #

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Address

City

State

Zip Code

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<sup>1</sup> A "prisoner" is "any person incarcerated or detained in any facility who is accused of, convicted of, sentenced for, or adjudicated delinquent for, violations of criminal law or the terms or conditions of parole, probation, pretrial release, or diversionary program." 28 U.S.C. § 1915(h).